

ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS
***OHIO* 1999 TABLES**

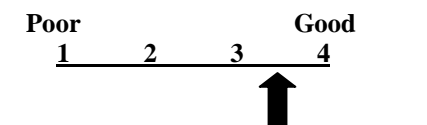
Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

Ohio Data Comments

Diagnosis Codes: Diagnosis coding on claims was relatively complete, except on LT claims. Missing LT diagnoses are unlikely to have a significant impact on MH identification.

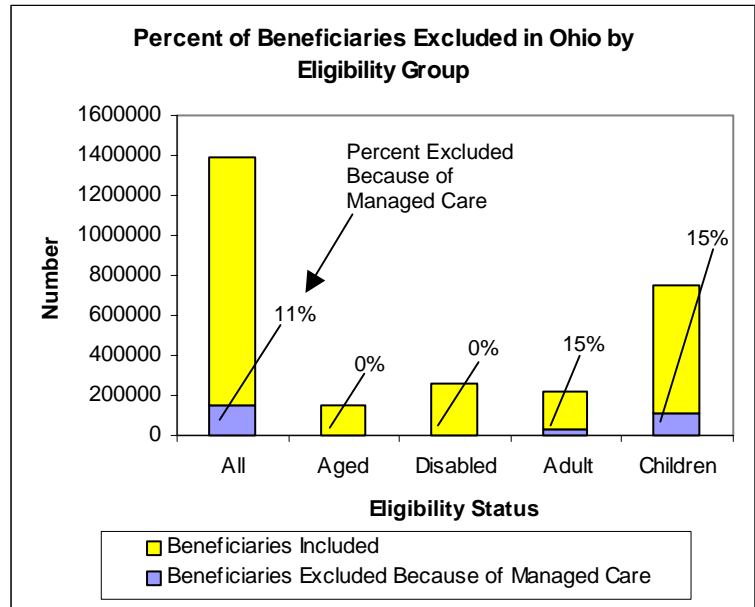
Inpatient Days: Ohio’s inpatient crossover claims rarely included covered days. This causes inpatient hospital stays for groups of Medicaid beneficiaries that include a high proportion of dual eligibles (most aged and many disabled beneficiaries) to average “1” day in length, and explains the other low numbers that appear for some groups on Table 4.

OHIO DATA QUALITY AND COMPLETENESS



*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Ohio's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
OHIO, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	1,386,016	100%	1,239,487	89%	\$6,519,676,947	100%	\$6,088,751,339	93%
Age								
0-3	211,944	15%	180,494	85%	\$385,302,307	6%	\$278,003,689	72%
4-5	91,028	7%	78,228	86%	\$82,800,868	1%	\$65,787,611	79%
6-12	285,187	21%	242,790	85%	\$298,168,395	5%	\$234,064,832	79%
13-18	172,672	12%	151,416	88%	\$283,605,544	4%	\$223,938,994	79%
19-21	65,329	5%	59,415	91%	\$168,403,080	3%	\$142,298,111	85%
22-44	290,187	21%	259,953	90%	\$1,467,215,754	23%	\$1,347,536,673	92%
45-64	120,688	9%	118,217	98%	\$1,414,833,023	22%	\$1,390,544,515	98%
65 and older	148,976	11%	148,969	100%	\$2,419,347,976	37%	\$2,406,576,914	99%
Gender								
Female	826,523	60%	738,812	89%	\$4,117,941,834	63%	\$3,834,212,840	93%
Male	559,489	40%	500,671	89%	\$2,401,735,113	37%	\$2,254,538,499	94%
Race								
White	868,579	63%	816,878	94%	\$4,863,845,654	75%	\$4,685,719,986	96%
Black	450,186	32%	363,899	81%	\$1,483,325,340	23%	\$1,255,281,237	85%
Hispanic	36,379	3%	31,072	85%	\$82,114,702	1%	\$66,205,983	81%
American Indian/Alaskan Native	1,347	0%	1,211	90%	\$4,913,674	0%	\$4,448,028	91%
Asian/Pacific Islander	5,789	0%	4,832	83%	\$14,745,598	0%	\$12,403,650	84%
Other/Unknown	23,736	2%	21,595	91%	\$70,731,979	1%	\$64,692,455	91%
Dual Status								
Aged Duals with Full Medicaid	120,149	9%	120,145	100%	\$2,272,369,110	35%	\$2,260,604,538	99%
Disabled Duals with Full Medicaid	61,881	4%	61,875	100%	\$1,047,175,787	16%	\$1,044,483,013	100%
Duals with Limited Medicaid	36,690	3%	36,690	100%	\$85,978,361	1%	\$85,454,014	99%
Other Duals	902	0%	797	88%	\$2,620,989	0%	\$2,164,382	83%
Disabled Non-Duals	177,093	13%	176,620	100%	\$1,832,541,658	28%	\$1,804,524,998	98%
All Other Non-Duals	989,301	71%	843,360	85%	\$1,278,991,042	20%	\$891,520,394	70%
Eligibility Group								
Aged	147,090	11%	147,089	100%	\$2,391,462,903	37%	\$2,378,934,539	99%
Disabled	259,344	19%	258,865	100%	\$2,950,635,117	45%	\$2,919,412,873	99%
Adults	224,722	16%	190,011	85%	\$399,695,122	6%	\$267,226,582	67%
Children	754,642	54%	643,336	85%	\$776,766,461	12%	\$522,111,736	67%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
OHIO, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	1,239,487	177,154	14%	\$6,088,751,339	\$1,800,764,904	30%
Age						
0-3	180,494	1,870	1%	\$278,003,689	\$8,875,386	3%
4-5	78,228	4,363	6%	\$65,787,611	\$12,043,802	18%
6-12	242,790	32,735	13%	\$234,064,832	\$94,175,743	40%
13-18	151,416	24,180	16%	\$223,938,994	\$99,199,312	44%
19-21	59,415	5,422	9%	\$142,298,111	\$36,498,535	26%
22-44	259,953	55,231	21%	\$1,347,536,673	\$532,569,676	40%
45-64	118,217	34,136	29%	\$1,390,544,515	\$516,186,327	37%
65 and Older	148,969	19,217	13%	\$2,406,576,914	\$501,216,123	21%
Gender						
Female	738,812	102,330	14%	\$3,834,212,840	\$1,099,040,382	29%
Male	500,671	74,824	15%	\$2,254,538,499	\$701,724,522	31%
Race						
White	816,878	129,484	16%	\$4,685,719,986	\$1,371,347,971	29%
Black	363,899	39,929	11%	\$1,255,281,237	\$379,001,909	30%
Hispanic	31,072	2,813	9%	\$66,205,983	\$19,466,571	29%
American Indian/Alaskan Native	1,211	208	17%	\$4,448,028	\$1,617,301	36%
Asian/Pacific Islander	4,832	259	5%	\$12,403,650	\$2,079,142	17%
Other/Unknown	21,595	4,461	21%	\$64,692,455	\$27,252,010	42%
Dual Status						
Aged Duals with Full Medicaid	120,145	16,827	14%	\$2,260,604,538	\$459,661,341	20%
Disabled Duals with Full Medicaid	61,875	21,475	35%	\$1,044,483,013	\$353,743,286	34%
Duals with Limited Medicaid	36,690	6,134	17%	\$85,454,014	\$33,724,226	39%
Other Duals	797	184	23%	\$2,164,382	\$843,984	39%
Disabled Non-Duals	176,620	59,785	34%	\$1,804,524,998	\$724,972,352	40%
All Other Non-Duals	843,360	72,749	9%	\$891,520,394	\$227,819,715	26%
Eligibility Group						
Aged	147,089	18,965	13%	\$2,378,934,539	\$493,937,609	21%
Disabled	258,865	86,415	33%	\$2,919,412,873	\$1,109,449,078	38%
Adults	190,011	18,527	10%	\$267,226,582	\$60,213,395	23%
Children	643,336	53,244	8%	\$522,111,736	\$137,122,044	26%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
OHIO, CALENDAR YEAR 1999

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	22,152	13%	603	1%	18,356	21%	3,193	17%
Major depression and affective psychoses	32,665	18%	4,339	6%	23,949	27%	4,377	23%
Other psychoses	5,485	3%	382	1%	2,611	3%	2,492	13%
Childhood psychoses	1,436	1%	1,105	2%	320	0%	11	0%
Neurotic & other depressive disorders	39,800	22%	6,850	10%	27,700	31%	5,250	27%
Personality disorders	2,171	1%	208	0%	1,779	2%	184	1%
Other mental disorders	2,826	2%	425	1%	1,194	1%	1,207	6%
Special symptoms or syndromes	4,205	2%	1,657	2%	2,112	2%	436	2%
Stress & adjustment reactions	29,184	16%	17,720	26%	9,661	11%	1,803	9%
Conduct disorders	7,742	4%	6,282	9%	1,217	1%	243	1%
Emotional disturbances	8,408	5%	8,331	12%	75	0%	2	0%
Hyperkinetic syndrome	21,070	12%	20,668	30%	393	0%	9	0%
No Diagnosis	10	0%	0	0%	0	0%	10	0%
Total	177,154	100%	68,570	100%	89,367	100%	19,217	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
OHIO, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	0	0	9	4	9	1%	4	104	14%	8
	4-5	3	5	18	10	21	1%	9	36	2%	3
	6-12	83	10	219	9	296	3%	10	194	2%	7
	13-18	199	11	875	8	1,031	9%	9	823	8%	5
	19-21	34	18	256	9	275	8%	11	1,023	28%	4
	22-44	0	0	3,654	8	3,654	10%	8	6,217	17%	5
	45-64	0	0	2,143	9	2,143	9%	9	5,266	23%	7
	65+	60	2	698	2	755	5%	2	4,895	33%	1
	All Ages	379	10	7,872	8	8,184	8%	8	18,558	18%	5
Male	0-3	1	6	16	6	17	2%	6	181	16%	8
	4-5	16	8	34	9	49	2%	9	81	3%	7
	6-12	196	11	639	10	807	4%	11	377	2%	5
	13-18	196	10	703	8	881	7%	9	310	2%	7
	19-21	49	30	251	11	283	16%	15	109	6%	15
	22-44	0	0	2,721	7	2,721	15%	7	2,180	12%	7
	45-64	0	0	1,154	7	1,154	11%	7	2,386	22%	8
	65+	28	3	251	2	277	6%	2	1,605	35%	1
	All Ages	486	12	5,769	8	6,189	8%	8	7,229	10%	6
Total	0-3	1	6	25	5	26	1%	5	285	15%	8
	4-5	19	7	52	9	70	2%	9	117	3%	6
	6-12	279	10	858	10	1,103	3%	10	571	2%	6
	13-18	395	11	1,578	8	1,912	8%	9	1,133	5%	5
	19-21	83	25	507	10	558	10%	13	1,132	21%	5
	22-44	0	0	6,375	8	6,375	12%	8	8,397	15%	6
	45-64	0	0	3,297	9	3,297	10%	9	7,652	22%	7
	65+	88	2	949	2	1,032	5%	2	6,500	34%	1
	All Ages	865	11	13,641	8	14,373	8%	8	25,787	15%	5

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
OHIO, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	426	58%	0.12	2.45	2.57	30,873	35%	2.04
	4-5	661	42%	0.07	1.92	1.98	9,387	26%	1.69
	6-12	3,784	35%	0.10	1.78	1.88	22,047	21%	1.62
	13-18	5,446	50%	0.29	2.25	2.54	17,104	26%	1.86
	19-21	2,368	65%	0.34	3.07	3.41	14,444	35%	2.05
	22-44	22,257	61%	0.35	3.37	3.72	47,624	32%	2.16
	45-64	13,116	56%	0.28	3.17	3.44	20,571	41%	2.44
	65+	7,470	51%	0.13	2.45	2.59	27,544	28%	2.02
	All Ages	55,528	54%	0.27	2.94	3.22	189,594	30%	2.03
Male	0-3	676	59%	0.11	2.60	2.71	34,569	38%	2.12
	4-5	1,159	42%	0.04	1.93	1.97	9,970	27%	1.70
	6-12	7,690	35%	0.12	1.68	1.80	21,646	21%	1.58
	13-18	5,389	41%	0.19	1.88	2.06	13,543	22%	1.66
	19-21	921	52%	0.56	2.60	3.16	3,136	25%	1.94
	22-44	9,580	52%	0.53	2.99	3.52	17,725	32%	2.35
	45-64	5,383	50%	0.34	3.10	3.44	12,754	37%	2.43
	65+	2,337	51%	0.14	2.52	2.66	9,047	29%	2.10
	All Ages	33,135	44%	0.30	2.44	2.73	122,390	29%	2.00
Total	0-3	1,102	59%	0.11	2.54	2.65	65,442	37%	2.09
	4-5	1,820	42%	0.05	1.92	1.97	19,357	26%	1.70
	6-12	11,474	35%	0.11	1.71	1.83	43,693	21%	1.60
	13-18	10,835	45%	0.24	2.07	2.30	30,647	24%	1.77
	19-21	3,289	61%	0.40	2.94	3.34	17,580	33%	2.03
	22-44	31,837	58%	0.40	3.26	3.66	65,349	32%	2.21
	45-64	18,499	54%	0.30	3.15	3.44	33,325	40%	2.44
	65+	9,807	51%	0.14	2.47	2.61	36,591	28%	2.04
	All Ages	88,663	50%	0.28	2.75	3.04	311,984	29%	2.02

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
OHIO, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	6,831	4%	305	16%	6,526	4%
4-5	4,370	6%	1,382	32%	2,988	4%
6-12	29,132	12%	18,437	56%	10,695	5%
13-18	18,027	12%	11,871	49%	6,156	5%
19-21	6,191	10%	3,103	57%	3,088	6%
22-44	76,693	30%	43,868	79%	32,825	16%
45-64	65,489	55%	30,578	90%	34,911	42%
65+	75,748	51%	16,389	85%	59,359	46%
All Ages	282,481	23%	125,933	71%	156,548	15%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
OHIO, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	603	39%	70%	18%	5%	6%	47%	10%
Major depression and affective psychoses	4,339	53%	26%	15%	9%	14%	35%	19%
Other psychoses	382	35%	59%	18%	5%	10%	43%	14%
Childhood psychoses	1,105	23%	29%	15%	2%	18%	27%	28%
Neurotic & other depressive disorders	6,850	40%	8%	16%	1%	9%	18%	31%
Personality disorders	208	36%	19%	19%	5%	7%	25%	36%
Other mental disorders	425	13%	8%	12%	2%	11%	11%	48%
Special symptoms or syndromes	1,657	14%	7%	11%	0%	6%	7%	57%
Stress & adjustment reactions	17,720	14%	5%	7%	1%	12%	9%	44%
Conduct disorders	6,282	18%	10%	7%	2%	19%	15%	36%
Emotional disturbances	8,331	20%	10%	7%	2%	23%	16%	32%
Hyperkinetic syndrome	20,668	18%	8%	8%	1%	73%	23%	11%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	68,570	22%	10%	9%	2%	32%	18%	49%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
OHIO, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	18,356	46%	87%	40%	9%	1%	63%	3%
Major depression and affective psychoses	23,949	76%	40%	54%	12%	2%	65%	7%
Other psychoses	2,611	46%	69%	42%	4%	1%	56%	9%
Childhood psychoses	320	44%	59%	48%	7%	2%	53%	11%
Neurotic & other depressive disorders	27,700	70%	15%	60%	2%	1%	52%	10%
Personality disorders	1,779	62%	38%	49%	6%	1%	54%	14%
Other mental disorders	1,194	43%	26%	42%	4%	1%	37%	26%
Special symptoms or syndromes	2,112	49%	13%	44%	1%	0%	33%	29%
Stress & adjustment reactions	9,661	49%	14%	39%	2%	1%	34%	28%
Conduct disorders	1,217	48%	48%	43%	7%	2%	50%	16%
Emotional disturbances	75	33%	17%	35%	1%	0%	29%	35%
Hyperkinetic syndrome	393	44%	19%	31%	4%	34%	44%	21%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	89,367	62%	39%	50%	6%	1%	55%	17%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
OHIO, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	3,193	43%	88%	46%	5%	0%	63%	4%
Major depression and affective psychoses	4,377	79%	48%	57%	6%	2%	69%	5%
Other psychoses	2,492	45%	49%	45%	1%	1%	47%	20%
Childhood psychoses	11	27%	55%	27%	0%	0%	27%	36%
Neurotic & other depressive disorders	5,250	65%	26%	59%	1%	1%	52%	11%
Personality disorders	184	48%	49%	47%	3%	1%	52%	18%
Other mental disorders	1,207	39%	36%	41%	1%	0%	38%	30%
Special symptoms or syndromes	436	54%	38%	58%	2%	0%	52%	14%
Stress & adjustment reactions	1,803	61%	31%	50%	1%	1%	48%	17%
Conduct disorders	243	58%	60%	60%	2%	0%	65%	9%
Emotional disturbances	2	50%	50%	50%	0%	0%	50%	0%
Hyperkinetic syndrome	9	56%	22%	44%	0%	11%	33%	22%
No Diagnosis	10	70%	100%	70%	0%	0%	80%	0%
Total	19,217	60%	46%	53%	3%	1%	56%	15%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).